

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007471

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 227

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED MAR 13 1963

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>McDonald</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mt. Vernon</u>		Length of stay in 1b <u>1 da.</u>	c. CITY OR TOWN <u>Powell</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mo. State Sanatorium</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>--</u>
3. NAME OF DECEASED (Type or print) First <u>Granville Allen</u> Middle <u>Patterson</u> Last <u>Patterson</u>		4. DATE OF DEATH Month <u>March</u> Day <u>5</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1/20/04</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming &amp; Maint. Worker &amp; County</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self-employed</u>	9. AGE (last birthday) <u>59</u>
11a. FATHER'S NAME <u>John Pascal Patterson</u>		11b. MOTHER'S MAIDEN NAME <u>Ivy Myrtle Woodard</u>	11. BIRTHPLACE (City and state or country) <u>Powell, Mo.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute pulmonary edema</u>		14. NAME OF HUSBAND OR WIFE <u>Esther</u>	
Conditions, if any, which gave rise to above cause (e), stating the underlying cause last. DUE TO (b) <u>Cor Pulmonale</u>		INTERVAL BETWEEN ONSET AND DEATH <u>few hrs.</u>	
DUE TO (c) <u>Chronic Pulmonary emphysema &amp; bronchitis</u>		<u>unknown</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>---</u> Month, Day, Year <u>---</u> a.m. <u>---</u> p.m. <u>---</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>---</u> COUNTY <u>---</u> STATE <u>---</u>	
21. I attended the deceased from <u>3/5/63</u> to <u>3/6/63</u> and last saw him alive on <u>3/6/63</u>		Death occurred at <u>9</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Daniel R. Wilson</u> (Degree or title) <u>MD</u>		22b. ADDRESS <u>Mt. Vernon, Missouri</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3-9-1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Roller Cemetery</u>		23d. LOCATION (City, town, or county) <u>McDonald County, Missouri</u>	
24. FUNERAL DIRECTOR <u>Culver's</u>		25. DATE RECD. BY LOCAL REG. <u>3-8-63</u>	
26. REGISTRAR'S SIGNATURE <u>Roy Shattam/RH</u>		27. DATE SIGNED <u>3/6/63</u>	

(Licensed Embalmer's Statement on Reverse Side)

APR 2 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Margaret C. Henbest

Licensed Embalmer No. 4389

P. O. Address Cassville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.